

Podesta, upon whom the operation was performed in May, 1857. This same person entered the Pennsylvania Hospital in July, 1858, with his limb in as bad a condition as it ever had been, and left that institution in January, 1859, for the Philadelphia Almshouse.

From the papers in Part III., on congenital dislocations of the head of the femur, we see that their author still holds the same opinions in regard to the cause of the affection which he held at the time he published his treatise on the same subject, in 1850. The remote cause he refers to a morbid condition of the nervous system or centres; and the proximate cause to pathological muscular contraction, the unavoidable result of the primary disease. This opinion, which is one advanced by Mr. J. Guérin (*Recherches sur les Luxations Congénitales*, 1841), has been, to our mind, most satisfactorily refuted by Malgaigne, in his excellent article on congenital luxations in his volume on luxations. We notice that Dr. Hamilton, in his recently published work, after classifying, as Malgaigne has done, all the various doctrines on the subject in three divisions—one assigning as cause an aberration of the *nîsus formativus*, the second entirely pathological, the third purely mechanical—admits the occasional agency of all the causes enumerated, and the probable concurrence of two or more in many instances. If all these so-called causes were really active in producing dislocation of the hip, and in many instances did aid one another, the affection could by no possibility be so rare as it is.

These Contributions are well printed, and fully illustrated by well-executed plates, and, when completed, will form a handsome volume. W. F. A.

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ART. XXIV.—*Monograph on the Pathology of the Pituitary Body.* By MIDDLETON MICHEL, M. D., 8vo. pp. 32, Charleston, S. C., 1860.

ALTHOUGH the position of the pituitary body at the base of the brain, and the apparent care with which it is secured against the possibility of danger, would appear to indicate it as an organ of some importance, it still remains among the few portions of the human frame, the uses of which have escaped the closest scrutiny of every physiological investigator. Placed beyond the reach of nearly all the accidents and diseases affecting the surrounding brain, and often remaining intact in the midst of the entire destruction of the latter, but little is known in respect to the morbid conditions to which it is liable, and the phenomena by which these are attended. Here and there, it is true, an observation may be met with scattered through the records of our profession, but so few in number, and so imperfect in details, as to afford but slight materials upon which to base any satisfactory history of its pathological conditions—their nature, causes, and effects.

A very rare and interesting case of disease having fallen under the notice of Dr. Michel, the post-mortem examination of which revealed as the chief lesion, a cancerous condition of the pituitary body, he was induced to collate and arrange such observations as bear any similitude to it, which the literature of our science may present.

While his researches to this end have led to the verification of some of the morbid conditions of the pituitary body—such as atrophy, hypertrophy, simple inflammation, abscess, cystic formations, calcareous deposits, and cancerous degeneration—he has not met with a single case in which the morbid processes and the symptoms were similar to the one he himself describes, unless we except a very brief statement by Professor Rokitsky, respecting an example of cancer of this part, with extensive destruction of the bones of the skull, which was observed by him in the dead body, but without any details in respect to the symptoms manifested during the lifetime of the patient.

From the several facts set forth in the essay before us, Dr. M. believes that, if we are warranted in drawing any conclusions in respect to the nature or the

functions of the body in question, from the few observations we possess of its diseases, and their most frequent symptoms, such conclusions would seem to be:—

"*First.* That the pituitary body, however largely developed in some animals, is not a primary division of the brain, or a true encephalic ganglion, since its complete destruction is never accompanied by loss of intellect, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon.

"*Secondly.* That from several of the morbid processes enumerated in this memoir, we have strong proof of the identity of the nature of this *hypophysis* with certain so-called vascular glands, such as the thyroid, thymus, spleen, and supra-renal capsules.

"*Thirdly.* That, while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connection with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis, will indicate the seat of the disease, when compared to morbid states of either hemisphere. And—

"*Fourthly.* That the long continuance of the disease in this situation, may propagate inflammatory action to neighbouring parts, followed by apathy, somnolency, syncope, copiosis, and other symptoms obscuring the diagnosis."

D. F. C.

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ART. XXV.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. XLII. London, 1859. 8vo. pp. 461.

This volume of *Transactions* contains twenty-five original communications. Ten of these communications, or abstracts of them, were published in the numbers of this journal for last year, in the quarterly summaries of improvements and discoveries in the medical sciences.

As has been our custom for several years, we shall give a full analysis of these communications, at least of those not already reported in this journal, in the order in which they are published.

I. *A Case of Excision of the Head of the Humerus (Decapitatio Humeri), with its Results.* By JOHN BIRKETT.

The subject of this case was a man, aged fifty-seven, who was admitted into Guy's Hospital, July 16th, 1855, on account of the condition of his right arm. Two years and a half before, being thrust violently against a stone wall, the right clavicle was broken, and the shoulder much contused. The shoulder-joint became inflamed; the inflammation terminated in suppuration, and three abscesses formed, and were opened. The whole of this period was passed in great suffering, and the man's health had declined in consequence.

When admitted to the hospital the right arm and forearm of the patient were œdematous; the least movement of the member gave him intense pain, and pus escaped from three sinuses behind, and on the outer region of the shoulder. This part was swollen, but there was not any deformity. Distinct crepitus was felt on moving the arm, and the head of the humerus seemed to glide away, and to be removed from its normal relations with the glenoid cavity.

The operation was performed by making a triangular flap of the integuments and deltoid muscle, the base above; the head of the humerus thus exposed to view was removed with a fine bow-saw. The articular cartilage of the glenoid cavity of the scapula was destroyed, but the bone was quite healthy. The focus of the disease appeared to be in the cancellous tissue situated between the great tuberosity of the shaft and the articular head; here was an excavation in which a small piece of necrosed bone was lodged. The wound had sufficiently healed in the course of twenty-five days for the man to leave the hospital, his general